215024147 49543			State of Nebraska Investigator's Motor Vehicle Accident Report  Sheet 1 of 2													2	
2	Total Nur of Vehice		Local No./ District 26  Agency Case No.  B5-053961					HIT & RUN?  YES X NO			<b>X</b> NO	INVESTIGATION MADE AT SCENE?  YES X NO			? L 1		
A/1 02 A/2	DATE OF ACCIDENT		POLICE 2014								e use only nended						
В	PLACE OF ACCIDENT	Г	Landadi	<b>⇒</b> 1					NOTIFIE		1	YES NO	06/22	/201	15		
้78		DAD ON WHICH STREET/ N. Antalone Valloy Diggs / N. 47th to Vine ONE WAY YE							VEO 110	LATITUDE							
С	ACCIDENT	ACCIDENT OCCURRED HIGHWAY NO. N Antelope Valley Pkwy / N 1/th to Vine ONE-WAY STREET?  N S E W OF HIGHWAY NO.								LONGITUDE				_			
1		MILEPOST IF AT INTERSECTION IF NOT AT INTERSECTION															
1	NAME OF INTERSECTING ROADWAY  X FEET MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CRO  75.00 X Vine St								ROSSING	3							
V1/M 14 V2/M	MILES	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN															
01 E 1	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?  CLASSIFICATION CODES  OVER 1 PROPERTY PROPE																
r F						VE	HICLE	NO. 1									
1 V1/N	DRIVER LICENSE DRIVER		NO. H13507	7050					PHONE 500	942	) 6577	(Of License)	NE LOCAL NO			FEMALE MALE	
1	DRIVER ADDRE	CORY H BOONE 509-842-6577  SRIVER ADDRESS CITY, STATE, ZIP  8017 SANBORN DR LINCOLN NE 68505										V1/1					
V2/N 1	OWNER	WIT SANBORN DR, LINCOLN, NE 68505 (MM /DD /YYYY) 12/12/1902										18					
G	OWNER ADDRE	CORY BOONE 509-842-6577  WHER ADDRESS CITY, STATE, ZIP CITATION NO.										V1/2					
<b>4</b>			rn Dr, Lincol	n, NE 68	505					(	PEND YEAR			STA	TE		V1/3
2	LICENSE PLATE	PA <sub>I</sub>	NO. SXZ770	MAKE	N	MODEL		BODY STY	LE		COLOR	2016	STIMATED [	(Of P	late)	NE	V1/4
V1/O	VEHICLE		2006	Ford		Explorer		Mediu	ım/larg	je ι		E COMPANY	TOTALE	D <b>\$</b>	20		14/5
<b>1</b> V2/O	VEHICLE ID NO. (V/M) 1FMEU73E86ZA11452 Allstate TOWED TO TOWED BY POLICY NO.									V1/5 18							
1						VE	HICLE	NO 2			945-	649-396					V1/6 35
1	DRIVER		No. G02180	 752		VE	HICLE	NO. Z				STATE (Of License)	NE	SE	x X	FEMALE	_
V1/P	DRIVER	EIGENGE (O' EIGENGE)							<u> </u>	-							
1 V2/P	DRIVER ADDRE	SS				STATE, ZIP			102	771	0 1075	DATE OF BIRTH	07/13	R/19	57		V2/1 18
1	4248 VINE ST, LINCOLN, NE 68503 07/13/1957  OWNER  JANE M PLETTNER-NIELSON PHONE 402-440-1895									V2/2							
01	JANE M PLETTNER-NIELSON  OWNER ADDRESS  CITY, STATE, ZIP  402-440-1895  CITATION  YES  CITATION NO.  PENDING X NO									V2/3							
V1/Q	LICENSE PLATE		NO. SNT108								YEAR ate Expires)	2015		STA (Of P	late)	NE	V2/4
<b>4</b> V2/Q	VEHICLE	EHICLE YEAR 2006 Ford Escape BODY STYLE COLOR COmpact Utility Silver / Chro							r / chrome	TOTALE				V2/5			
4 K	VEHICLE ID NO. (VIN)	1FMYU93146KC42606 Leading Insurance Company Auto Owners Ins.								18							
01	TOWED TO												V2/6 <b>35</b>				
	(	Comp	lete this se	ection for	r all inju	ured per	sons				DATE	OF BIRTH	Seat Position	<b>2</b> Eject	Body Region	Injury Ti	5 rans. M F
VEH. #								1	03	T. I	1 F						
2	LOCAL NO. MEDICAL FACILITY NAME Saint Elizabeth Regional Medical Center EMS SERVICE NAME  EMS RUN REPORT NO.																
VEH. #	NAME		1	AD	DRESS												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	E				EMS RU	N REPO	DRT NO.		
VEH. #	NAME			AD	DRESS					Τ						$\overline{\Box}$	
	LOCAL NO.   MEDICAL FACILITY NAME   EMS SERVICE NAME   EMS RUN REPOI							DRT NO.									

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS									
THE POLLOWING	INDICATE BY DIAGRAM WHAT HAPP	ENED AGENO	AGENCY CASE NO. B5-053961						
			033901						
Indicate North by Arrow									
	7 90 ft.								
APOI- Unknown due to inves not at sceen and be report.	tigation \								
		98 ft.							
78 ft.		Vine Street							
		Antelope Valley Pkwy							
	NOT TO SCALE	To N 17th St							
	88 ft.								
said he was slowing his vehicle and collided with the repain and back spasms.	ear of Veh #2 at approximately 5mph. Driver #	#2 later drove herself to t	he hospital complaining of neck						
OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE						
OBJECT DAMAGED  OWNER NAME  OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE						
S NAME	ADDRESS		PHONE						
NAME NAME	ADDRESS		PHONE						
VEHICLE MOVEMENT BEFORE COLLISION  VEH NO. N S E W ROAD OR HIGHWAY NAME  ROAD OR (Enter numbers for	ED AREA VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPANTS 1 1 VEH 2 1  ALCOHOL Driver Driver Pedes-						
1 X N Antelope Vall VEHICLE 1	VEHICLE 2	2	TESTING No. 1 No. 2 trian  ALCOHOL LEVEL  Y Y Y Y						
N Antelope V8 IMPACT U1	MPACT	None used - vehicle occupant     Lap & shoulder belt used     Shoulder belt only used     Lap belt only used     Child safety seat used	BAC LEVEL Driver Driver						
2 11 08 Entering traffic lane 00 None 02  01 Essentially 09 Leaving straight ahead traffic lane 09 Top & windows	5 Not applicable/ No airbag available Unknown	6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	ALCOHOL/ DRUGS SUSPECTED  1 Neither alcohol nor drugs suspected						
02 Backing 10 Parked 11 Undercarriage 01 - 13 Changing lanes 11 Slowing or 94 Overtaking/ Passing 12 Other 12 Other 08	05 VEHICLE 2 - 4	VEHICLE 2	Yes - alcohol suspected     Yes - drugs suspected     Yes - alcohol & drugs suspected     Unknown						
05 Turning right 13 Unknown  OFFICER NO. TROOP/ 1536 TROOP/ BEAT 8	DEPARTMENT  Lincoln Police Department		Photographs YES taken? NO						
INVESTIGATOR NAME (Print or Type)  Shane Winterbauer	INVESTIGATOR SIGNATURE  Approved by Officer Shane Winte	DATE OF REPORT 06/22/2015							